ENHANCED U.S. SURVEILLANCE, DIAGNOSTIC EVALUATION, AND INFECTION CONTROL PRECAUTIONS FOR AVIAN INFLUENZA A (H5N1)

CDC recommends maintaining the enhanced surveillance efforts by state and local health departments, hospitals, and clinicians to identify patients at increased risk for avian influenza A (H5N1) that were issued by CDC on February 3, 2004 (see http://www.cdc.gov/flu/han020302.htm). Guidelines for enhanced surveillance are:

Testing for avian influenza A (H5N1) is indicated for hospitalized patients with:

a) Radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established, AND

b) History of travel within 10 days of symptom onset to a country with documented H5N1 avian influenza in poultry and/or humans (for a regularly updated listing of H5N1-affected countries, see the OIE Web site at http://www.oie.int/eng/en_index.htm and the WHO Web site at http://www.who.int/en/).

Testing for avian influenza A (H5N1) should be considered on a case-by-case basis in consultation with state and local health departments for hospitalized or ambulatory patients with:

a) Documented temperature of >38°C (>100.4°F), AND
b) One or more of the following: cough, sore throat, shortness of breath, AND
c) History of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) or a known or suspected human case of influenza A (H5N1) in an H5N1-affected country within 10 days of symptom onset.

Infection control precautions for H5N1 remain unchanged from the CDC interim recommendations published on February 3, 2004 http://www.cdc.gov/flu/han020302.htm. These recommendations are further described in the CDC guidance document, "Interim Recommendations for Infection Control in Health-Care Facilities Caring for Patients with Known or Suspected Avian Influenza" http://www.cdc.gov/flu/avian/professional/infect-control.htm.

Laboratory Testing Procedures

Highly pathogenic avian influenza A (H5N1) is classified as a select agent and must be worked with under Biosafety Level (BSL) 3+ laboratory conditions. This includes controlled access double door entry with change room and shower, use of respirators, decontamination of all wastes, and showering out of all personnel. Laboratories working on these viruses must be certified by the U.S. Department of Agriculture. CDC does not recommend that virus isolation studies on respiratory specimens from patients who meet the above criteria be conducted unless stringent BSL 3+ conditions can be met. Therefore, respiratory virus cultures should not be performed in most clinical laboratories and such cultures should not be ordered for patients suspected of having H5N1 infection.

Clinical specimens from suspect A (H5N1) cases may be tested by PCR assays using standard BSL 2 work practices in a Class II biological safety cabinet. In addition, commercial antigen detection,testing can be conducted under BSL 2 levels to test for influenza.

Specimens from persons meeting the above clinical and epidemiologic criteria should be sent to CDC if

- The specimen tests positive for influenza A by PCR or by antigen detection testing, OR
- PCR assays for influenza are not available at the state public health laboratory.

Because the sensitivity of commercially available rapid diagnostic tests for influenza may not always be optimal, CDC also will accept specimens from persons meeting the above clinical criteria even if they test negative by influenza rapid diagnostic testing if PCR assays are not available at the state laboratory.

Requests for testing should come through the state and local health departments, which should contact (404) 639-3747 or (404) 639-3591 and ask for the epidemiologist on call before sending specimens for influenza A (H5N1) testing.